



CHA Certification Scholarship Application - Deadline February 28

Name: _____ Date: _____

Address/City/State/Zip _____

Cell Phone: _____ Other Phone: _____

Email: _____

Gender: Male Female DOB _____ Current CHA Member: Yes No

What type of CHA certification clinic do you plan to attend? _____

What certifications, both equine and other, have you earned and when? _____

How are you employed in the horse industry? Self-employed Employed Not involved at this time.

Position: _____ Hours per week: _____ # riders/horses per week: _____

Employer (if applicable) _____

Brief history of equine-related work experience: _____

Are you a full time student? No Yes If so, where? _____

Area of study: _____ Completion date: _____

Employment outside the horse industry? No Yes If yes, position _____

Employer: _____ How long? _____

What is your career goal? _____

Have you done any volunteer work? No Yes If yes, where, when and in what capacity? _____

Why is CHA certification important to you? _____

Applicant Statement

My signature below indicates that I accept the following terms and agree to abide by these conditions should a scholarship to attend a CHA certification clinic be granted to me:

- I swear to the best of my knowledge that all of the information in this application is truthful, complete, and accurate.
- I agree to attend a CHA certification clinic of the type of I indicated on this application by the end of this calendar year. I will participate fully with a positive attitude and an open mind. I will fully accept the certification achieved, if any.
- I agree to pay all additional costs of attending said CHA certification clinic, including, but not limited to: balance of registration owed, travel expenses, and meals and lodging not included in the cost of the clinic.
- I agree to pay my annual dues to CHA for the duration of the three-year certification period, and thereafter, should I choose to recertify at the end of the certification period.
- I agree to represent CHA and its high safety standards in everything that I do and will conduct myself in a professional manner at all times.
- I agree to promote CHA wherever and whenever and to assist CHA as possible in future fund-raising efforts to help ensure the longevity of the CHA Scholarship Program, so that others may benefit as I have.

Enclosed Documentation:

- Cover letter
- Completed and signed application
- Financial statement
- One personal reference
- One professional reference

Signature: _____ **Date:** _____